

# **CDSSAB COVID-19 Response Plan**

for

**Child Care Centres in the District of  
Cochrane**

Version 5 - September 1, 2020

**In collaboration with the  
Porcupine Health Unit**



## **PURPOSE:**

Regulations in the Child Care and Early Years Act require that all Licensed Child Care Centres offering childcare services during the COVID-19 outbreak practice good health and sanitary practices daily. Child Care Centres that have a purchase agreement with the Cochrane District Social Services Administration Board will be expected to comply with this guideline created in partnership with the Porcupine Health Unit as a minimum expectation. The document was created using the Ministry of Education - Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening Guidelines, August, 2020. Child Care centres may adopt this document as their COVID-19 Response Plan. This is a living document and may be revised upon new advice or changing information. Child Care Centres will be notified by email of any revisions to the document. The document will be available for families and the general public on the CDSSAB website, [www.cdssab.on.ca](http://www.cdssab.on.ca).

## **POLICY:**

All Child Care Educators and staff will adhere to the following procedures and practices as set out below to promote good health and sound daily sanitary practices during the COVID-19 pandemic order.

### **Announcement of Re-Opening**

Child Care operators will be expected to complete the Ministry of Education Attestation form a minimum two days prior to opening. In order to keep the CDSSAB website updated, please inform the CDSSAB, Director of Children's Services by email that you have submitted your Attestation form with the expectation to re-open. The anticipated re-opening date must be reported in that email. The CDSSAB will keep the Porcupine Health Unit informed of re-opening dates.

### **Inspections**

Child Care centres will not be required to have an inspection of their centre prior to opening. The Porcupine Health Unit will continue their mandated Food Premise Inspections upon opening.

Any inspector (MEDU, PHU, CDSSAB Children's Services Staff, Municipal) that visits the child care centre must identify themselves, identify their need to inspect, and pass

the screening to enter the building. All individuals entering the building will be required to wear the required PPE.

### **Maximum Group Size- All Programs**

As of September 1, 2020, child care settings may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).

Staff and students are not included in the maximum group size, but should be assigned to a specific group where possible. Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.

Maximum group size rules do not apply to Special Needs Resource staff on site. This must be acknowledged in the staff schedule as well as the room Daily Communication Log of each room where a child requires a Special Needs Resource staff. If the Special Needs Resource staff member works with children in multiple rooms, that staff member must log in to each room. Their name, date, reason for visiting the room, and time in/time out must be documented.

While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.

A schedule should be made for transitions into common areas such as multi-use bathrooms, gyms, outdoor play spaces, etc.

Licensees are required to maintain ratios set out under the CCEYA

### **Before and After School Programs:**

In circumstances where students from different school day classes must interact to participate in the before and after school program, boards should make efforts to limit interactions between students from different classes to the greatest extent possible.

Best practices to limit interactions between students from different classes and reduce transmission of COVID-19 may include:

- Making best efforts to group the before and after school program class with the same core day class and
- Making use of large, well-ventilated spaces (e.g. gymnasium) or outdoor spaces as much as possible for the before and after school programs. Before and after

school programs are also required to follow strict health and safety guidelines, which are equivalent to those in schools.

- Maximum group size rules do not apply to Special Needs Resource staff on site. This must be acknowledged in the staff schedule as well as the room Daily Communication Log of each room. If the Special Needs Resource staff member works with children in multiple rooms, that staff member must log in to each room. If the Special Needs Resource staff member works with children in multiple rooms, that staff member must log into each room. Their name, date, reason for visiting the room, time in and time out must be documented.
- While groups are permitted to return to the previous maximum group size under the CCEYA (i.e maximum group size prior to the COVID-19 outbreak) each group should stay together throughout the day and as much as possible and should not mix with other groups. This will require centres to evaluate the way they operate at the beginning and end of day.

A schedule should be made for transitions into common areas such as multi-use bathrooms, gyms, outdoor play spaces etc.

Licensees are required to maintain ratios set out under the CCEYA.

### **For All Childcare Centres including before and after school programs:**

Understanding that staff will require breaks, any staff member that replaces a group staff member must abide by the following:

- Must schedule coverage for groups, and avoid switching the coverage for the assignment as best as possible. This must be kept on the staff schedule record .
- Must log entry into the room noting date, name, time in, time out, reason for being in the room
- Must wash hands upon entry of the room.
- Must wash hands upon leaving the room.

As stated in the Ministry of Education Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening:

**Group Size/ratio Charts:**

<b>Age Category</b>	<b>Age Range of Age Category</b>	<b>Ratio of Employees to Children</b>	<b>Maximum Number of Children in group</b>
<b>Infant</b>	Younger than 18 months	3 to 10	10
<b>Toddler</b>	18 months or older but younger than 30 months	1 to 5	15
<b>Preschool</b>	30 months or older but younger than 6 years	1 to 8	24
<b>Kindergarten</b>	44 months or older but younger than 7 years	1 to 13	26
<b>Primary/Junior school age</b>	68 months or older but younger than 13 years	1 to 15	30
<b>Junior school age</b>	9 years or older but younger than 13 years	1 to 20	20

**Licensed Family Age Groups:**

<b>Item</b>	<b>Age Range of Age Category</b>	<b>Ratio of employees to children</b>
1.	Younger than 12 months	1 to 3
2.	12 months or older but younger than 24 months	1 to 4
3.	24 months or older but younger than 13 years	1 to 8

**Maximum Capacity of Building**

**Licensed Child Care** - There is no set number per building. However, you must maintain all municipal fire code guidelines as you would during regular operation.

- More than one child care or early years program or day camp can be offered per building as long as they are able to maintain separation between the groups and/or programs, and follow all health and safety requirements that apply to those programs.

**Licensed Home Child Care** - The provider must maintain the maximum group size of 6 children, not including the providers own children who are 4 years of age or older. However, if your municipal by-law requires a maximum of lower than 6, that number will supersede the provincial allowance.

### **Staff Requirements**

As stated in the Ministry of Education Operational Guidance During the COVID-19 Outbreak Child Care Re-Opening:

**Staff and post-secondary placement students should work at only one location.** For those providers with small off-site locations, replacement staff that travel between two locations may be used for coverage. Those replacement staff must follow the directions mentioned above when replacing. Staff members could work at another/different field, such as retail, if they also work at a childcare centre. **Staff may also work at an off-site location for before and after school programs, in addition to working at the main site.**

**Supervisors and/or designates** should limit their movement between rooms, doing so when absolutely necessary. If the Supervisor and / or designate enters a room they must log in and follow the same requirements as a replacement staff.

**Supply/replacement staff** should be assigned to a specific group so as to limit staff interaction with multiple groups.

**Students** (post-secondary) on field placement should be assigned to a specific licensed age group.

**Qualified Staff (Please advise upon your Ministry of Education Licensing Program Advisor)**

- Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
- Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.

- Licensees can also request a staff DA for multiple age groups.

***Certification in Standard First Aid Training***, including Infant and Child CPR (***Please advise upon your Ministry of Education Licensing Program Advisor***)

- Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
- The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.
- Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.

***Vulnerable Sector Checks (VSCs)*** (***Please advise upon your Ministry of Education Licensing Program Advisor***)

- Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premises.
- A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.

**Pre-planned Group Events and In-Person Meetings**

All pre-planned group events and in-person meetings must be re-scheduled or cancelled until further notice of allowance. For example, parent meetings, concerts, annual family picnics, etc.

**HEALTH & SAFETY PROTOCOLS**

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors and students. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including:

- disinfection of the space, toys and equipment;
- how to report illness;
- how physical distancing will be encouraged;
- how shifts will be scheduled, where applicable;
- rescheduling of group events and/or in-person meetings; and,
- parent drop off and pick up procedures.

**Note: Centres that have completed the attestation form once to the Ministry do not require to complete it again but must adapt their policies and procedures according to this guideline and have staff sign off on the review. CDSSAB requires the Child Care Provider Re-Opening Sign Off to be completed each time you change your capacity.**

All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks **and eye protection** (i.e., face shield) while inside the child care premises, including in hallways.

All PPE worn by childcare staff must be of medical grade. This includes masks, goggles, and face shields.

### **Before and After School Programs:**

School-aged children in grade 4 and higher are required to wear non-medical or cloth masks indoors. The wearing of non-medical or cloth masks indoors is encouraged for younger school-aged children, particularly in common spaces (see information about the use of non-medical or cloth masks on the provincial COVID-19 website or the Public Health Ontario fact sheet on nonmedical masks). Parents/guardians are responsible for providing their school-aged child(ren) with a non-medical or cloth mask(s).

Providers must maintain a supply of disposable masks in the case that a child's mask becomes soiled or lost

The use of masks is not required outdoors for adults or children if physical distancing of a least 2-metres can be maintained between individuals.

Reasonable exceptions to the requirement to wear masks are expected to be put in place by providers. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable expectations for medical conditions, etc.



Providers should document their requirements and exceptions related to masks. Note that these protocols should be based on the advice of the Porcupine Health Unit

When wearing a medical mask, you should wash your hands before putting on the mask and before and after removing the mask. Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection.

## **Drop-Off and Pick-up Procedures**

### **Before and After School Programs:**

Parents will be required to complete the online screening process for their child before attending. The CDSSAB recommends that if the child does not attend before school, the screen should be completed before 2:30p.m. This will provide the operator the opportunity to contact those who have yet to complete that is expected to attend. The screen will be completed based on the knowledge of the child's well-being when the parent last saw them that morning . Children will not be accepted to the program until this has been completed. Operators must ensure parents have signed the SOP regarding the screening.

Only those children that are pre-scheduled to attend the school-age program will be allowed to attend. There will be no drop-in allowance.

### **All Programs:**

- Licensees should develop procedures that support physical distancing and separate groups of children as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- As much as possible, parents should not go past the screening area.
- All entrances should have alcohol-based hand rub.
- Consider using signage/markings on the ground to direct families through the entry Steps.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. Belongings should be labeled and kept in the child's cubby/designated area.
- You may want to consider a specific policy/protocol for stroller storage if this typically takes place inside the child care setting (for example, designating a space outside of the child care setting so that parents do not need to enter the building to leave the (stroller).

## Centre Set Up

Centre must have a qualified supervisor, staff to clean, assist with screening and cover breaks for educators.

### For school-age programs:

School boards are required to ensure that the classroom is cleaned and disinfected after the core day program ends and the before and after school program begins.

Providers will be required to schedule outdoor play during the time that the cleaning and disinfecting takes place

School age programs in all centres should schedule outdoor time at the beginning of arrival time as best as possible to ensure children have allotted time outdoors.

## Space Set-Up and Physical Distancing

The ministry recognizes that physical distancing between children in a childcare setting is difficult and encourages childcare staff and providers to maintain a welcoming and caring environment for children.

Each group of children must have their own assigned indoor space, separated from all other groups by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between groups. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.

When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 metres must be maintained between different groups and should be encouraged, where possible, between children within the same group by:

- spreading children out into different areas, particularly at meal and dressing time;
- incorporating more individual activities or activities that encourage more space between children; and
- using visual cues to promote physical distancing; and
- avoid singing activities indoors.

All children must be spaced out while sitting for activities and eating. Tables must be sanitized prior to and after eating.

Only one group should access the washroom at a time and it is recommended that the facilities be cleaned in between each use, particularly if different groups will be using the same washroom. This includes sink faucets, not just the toilet.

In shared outdoor space, groups must maintain a distance of at least 2 metres between groups and any other individuals outside of the group at all times. Centre must create a staggered schedule for outdoor play areas. Centres should not use community outdoor play spaces during this time period. **If you chose to do so, you must create a policy and procedure for use of community outdoor play spaces. The policy and procedure must include a log with date, name of community space, time of arrival and departure and health & safety measures that were taken. Please remember that community parks are not mandated to be disinfected.**

During rest periods, Licensees and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited. Cots and cribs must be disinfected after each use as well as linens.

Ensure childcare staff is practicing physical distancing during breaks/lunches. If applicable, re-arrange chairs and tables to ensure physical distancing in staff rooms.

**Shared spaces and structures that cannot be cleaned and disinfected between groups should not be used.**

**Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:**

- **planning activities that do not involve shared objects or toys;**
- **when possible, moving activities outside to allow for more space; and**
- **avoiding singing activities indoors**

### **Designated Space for Ill Children**

Each centre must have a space designated for a child that becomes ill. Once this room is used, it must be disinfected immediately. A log of cleaning must be kept for this room after each use.

Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up, during the day one on one as well as with the group. Educators should show children where they can find tissues, handwashing sinks and trash cans to dispose of tissues in their learning environment as well as when outdoors. This can be done as early as toddler age group using simple instructions and role modelling.

All items used by the sick person should be cleaned and disinfected immediately. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.

## Outdoor Play

**NOTE: It is recommended to spend a lot of time outdoors during this time period.**

Personal protective equipment is not required during outdoor programming, unless physical distancing cannot be maintained.

Play structures can only be used by one group at a time. Play structures must be cleaned and disinfected in between groups. The Child Care Operator must establish what product will be used to clean and disinfect play structures. If play structures are made of a material that can not be cleaned and disinfected, they must not be used. Materials such as wooden play structures. As mentioned above, a schedule will need to be followed for group usage out outdoor playspace.

Outdoor play areas are attractive to unwanted visitors, humans and animals. Hazards may be reduced by taking the following steps.

- Do not assume that a fence will keep out unwanted visitors. Check the perimeter for gaps.
- Check the outdoor play area for including the sandbox for animal feces, broken glass or cans, condoms, needles and syringes.
- Do not pick up sharp objects with your hands. Gloves will not provide protection from punctures. Provide a rigid barrier between the object and your hands, such as tongs, scoop or shovel.
- Scoop animal feces and surrounding soil or sand with a small shovel or scoop, and discard.
- Rake sand on a regular basis. Sunlight provides an effective protection against some microscopic contaminants. Treating sand with chlorine bleach solutions and/or boiling water has very little effect on microorganisms.

Child Care operators should schedule outdoor play in small groups in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, licensees may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.

Child Care operators and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room. Where toys and equipment are shared, they should be cleaned and

disinfected prior to being shared.

Child Care operators and home child care providers should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.

Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and must wash their hands before and after application.

### **Cleaning Child Care Centres / Homes**

**Operators must keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.**

### **The Basics of Infection Control**

1. Keep premises, equipment, and hands as clean as possible at all times. Observe and assist children with proper handwashing. See attached handwashing diagram and have posted beside each sink. Hand wash in-between each activity throughout the day.
2. Ensure that children and all childcare staff at the childcare location are appropriately immunized for their ages.
3. Licensees should continue to encourage staff and home child care providers to supervise and hold bottles for infants not yet able to hold their own bottle to reduce the risk of choking.
4. Licensees and home child care providers should consider removing cribs or placing infants in every other crib, and mark the cribs that should not be used in order to support physical distancing.
5. When a child becomes ill, separate him or her from other children, as soon as possible. See Designated Space for Ill Children section for more details.
6. Only readmit a child when recovery from infection/illness is complete.
7. Must check expiry dates of all products and always follow manufacturer instructions.

8. If meals or snacks are provided, ensure each child has their own individual meal or snack. No food sharing allowed. Bagged lunch policy required in the Child Care & Early Years Act, 2014 must be followed.
9. Multi-use utensils must be sanitized following Food Premise regulations.
10. Children who come with soothers, bottles, sippy cups, toothbrushes, facecloths, etc. must have a label on each item. Items are not to be shared with other children.
11. Avoid getting close to the faces of children, where possible.
12. Any item that enters a child's mouth must be washed and sanitized after use.
13. Practice social distancing as best as possible. Have children seated apart from each other during meals. No sharing of food. At this time, the adult should serve the child their food and not have the child place food on their own plate / bowl.
14. Post signage to promote personal protective practices (handwashing, respiratory etiquette).

### **Washing and Disinfecting Surfaces**

**Must use disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used.**

1. Clean all articles first with soap and warm water.
2. Rinse with clear water.
3. Follow with a sanitizer – see recipe below or use according to manufacturer's recommendations.
4. Rinse with clear water.
5. Store all sanitizers and other chemicals in a locked cupboard out of reach of children and away from food.

### **Bleach Solution for Sanitizing**

Normal Strength – ¼-cup (4 tablespoons) household bleach to 1-gallon water or 1 tablespoon of bleach to 1 liter of water: toys, diapering areas, tables, etc.

Extra strength (1:1) – 1 part household bleach to 9 parts water: bloody spills, heavy contamination with feces or vomit, regular cleaning during an outbreak.

In order to help prevent the spread of infections (bacteria, viruses, parasites) in the child care setting it is important to clean and sanitize toys on a regular basis.

### **Cleaning Blood/Body Spills**

Use gloves for protection when cleaning blood/body spills.

Hand washing is the most important procedure for preventing the transmission of blood born pathogens.

1. Hands must be washed immediately after unprotected exposure to blood or fluids capable of transmitting blood borne pathogens.
2. Hands must be washed after removing gloves.
3. Hands must be washed after a glove tear or a suspected glove leak.
4. Hands must be washed after handling materials that may be contaminated with blood or body fluids capable of transmitting blood borne pathogens.

### **Sanitary Practices**

1. Store items separately and ensure items are not shared.
2. Change and wash face clothes after each use. Ensure that each child has his/her own face cloth, bedding.

### **Cleaning Schedule**

#### **Before opening and end of day**

- Clean and sanitize all light switches, door knobs, table tops and other surfaces likely to be touched by anyone.

#### **Twice a day –**

- Wash all toilets, toilet and faucet handles
- Wash all surfaces that infants and toddlers are likely to touch with soap and water or with regular strength sanitizer.
- Wash and sanitize crib rails, hard surfaced toys, and other mouthed objects.
- Wash mattress covers and bed linens every day. Fold these items and store them separately, not allowing them to touch another child's items.
- Wash face cloths after each use.
- Do not rinse any soiled clothing; place in a plastic bag and return to parents.

- Clean and sanitize floors, low shelves, doorknobs, and other surfaces likely to be touched by children.

## **Changing Diapers**

***Never leave a child unattended on the change table. Make sure everything you need is within easy reach.***

### ***DO NOT ALLOW REUSABLE DIAPERS DURING THIS TIME PERIOD.***

1. Wash hands with soap and water before each change.
2. Assemble supplies within easy reach.
3. Hold the child away from your clothes as you place him/her on the clean change pad.
4. Clean the child's skin with a moist disposable cloth, wiping from front to back. Remove all soil; don't forget the skin creases.
5. Wipe hands on a clean disposable cloth and place it in a waste container.
6. Wash the child's hands and return him/her to the play or sleep area.
7. Dump soil from the diaper in the toilet. Avoid splashing. Place a diaper, and wipes in garbage with a plastic bag.
8. Disinfect the change surface.
9. Wash your hands thoroughly with soap and warm water.

**Potty Chairs** - Do not use potty chairs.

## **Hand Washing Procedure**

Use a hand washing sink with hot and cold running water, paper towels, and liquid soap in a dispenser. Hot water temperature should not exceed 43 degrees Celsius (110 F) to prevent scalding.

1. Use soap and warm running water.
2. Rub your hands vigorously for 15 seconds as you wash.
3. Wash all surfaces, including backs of hands, wrists, between fingers, under fingernails.
4. Rinse hands well. Leave water running.
5. Dry hands with a single use paper towel.
6. Turn off hand controls with a dry paper towel. *Do not use your bare hands to turn off and water controls.*



***When there is no access to soap and water, alcohol-based hand sanitizer containing a minimum of 60% alcohol can be used, only if hands are not visibly soiled.***

### **Wash Your Hands:**

- Before preparing or serving food.
- After diapering a child, cleaning up messes, or wiping a nose.
- After you have been to the bathroom, with a child or alone.
- After touching your face, sneezing or coughing.
- Follow guidelines as stated in this document when handwashing must happen.

### **Keep Children's Hands Clean:**

1. If children are too young to do it themselves, you do it for them.
2. For older children:
  - **Tell** the child to wash his/her hands
  - **Show** the child how to wash his/her hands if he/she doesn't know or has forgotten
  - **Remind** the child that hand washing will help to keep him/her from getting sick

### **Children should wash their hands or have them washed:**

- When they arrive at the child care Centre
- In-between activities or transitions to other rooms indoors
- Every time they exit or enter the building for outdoor play
- Before they eat or drink
- After they use the toilet or have their diapers changed
- After wiping their nose or coughing /sneezing into their hands

### **Food Preparation**

Foods are prepared, handled, stored and served in a safe manner as outlined in Ontario Regulation 493/17: Food Premises.

### **Food Provision**

Child Care providers and home child care providers should change meal practices to ensure there is no self-serve or sharing of food at meal times.

- Utensils should be used to serve food.
- Meals should be served in individual portions to the children
- There should be no items shared (i.e., serving spoon or salt shaker).

There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).

- Children should neither prepare nor provide food that will be shared with others
- Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating.
- Where possible, children should practice physical distancing while eating.
- There should be no sharing of utensils.

Child care operators with a bagged lunch policy may still allow children to bring their own lunch and snacks. The table must be cleaned and disinfected before and after each time a child sits to eat.

### **Some Tips to Minimize the Spread of Infection through food:**

- Ensure that you and the children wash their hands before eating
- Wash and sanitize eating utensils between uses.
- Wash and sanitize surface areas used for food preparation and serving before and after use.
- Use one sink for food preparation, another for hand washing.
- Separate the kitchen area from the play area.
- Do not serve unpasteurized milk or milk products.
- Rinse raw fruits and vegetables thoroughly before serving.
- Reinforce “no sharing” policies and procedures. This includes the current practice of not sharing food, water bottles or personal items and belongings. Personal items should be clearly labelled with each child’s name.

### **Equipment and Toy Usage and Restrictions**

Child Care Operators and home child care providers are encouraged to provide toys and equipment which are made of materials that can be cleaned and disinfected (e.g., avoid plush toys).

Toys and equipment should be cleaned and disinfected at a minimum between groups .

Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.

Child Care Provider and home child care providers are encouraged to have designated

toys and equipment (e.g., balls, loose equipment) for each room or group . Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared. This cleaning and disinfecting must be logged when completed.

If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with the child's name, if applicable.

Play structures can only be used by one group at a time. Please consult with your local public health unit regarding the use of playground equipment onsite.

### **Toy Cleaning**

All toys or materials used in play at the centres must be made of material that can be cleaned and disinfected. Toys and materials used in play must be cleaned and disinfected once daily.

### **Water Play and Sensory Play**

Water play at communal tables is not appropriate during this time. No communal water play or sensory activities during this time. Individual water play and sensory activity is permitted as stated above. Materials used must be cleaned immediately after use. Items such as playdough can be stored and labelled for each child for continued use throughout the week. The table space must be cleaned prior to and immediately after the play.

### **Service Provider Health & Safety Guidelines**

Service Providers must have written measures and procedures for worker safety, including measures and procedures for infection prevention and control. Detailed guidelines for COVID-19 are available on the Ministry of Health COVID-19 website.

Licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors and students. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including:

- disinfection of the space, toys and equipment;
- how to report illness;
- how physical distancing will be encouraged;
- how shifts will be scheduled, where applicable;

- rescheduling of group events and/or in-person meetings; and,
- parent drop off and pick up procedures

The Service Provider must have a written policy and procedure if a childcare worker is suspected to have or diagnosed with COVID-19, the childcare worker must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.

The Service Provider should consult with the local public health unit to determine when the childcare worker can return to work. Childcare workers should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

If the child care worker's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint health and safety committee (or health and safety representative); and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Childcare centres within the meaning of the Child Care & Early Years Act, 2014, have a duty to report suspected or confirmed cases COVID-19 under the Health Protection and Promotion Act. The centre should contact their local public health unit to report a child suspected to have COVID-19. The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

### **Protocol For If Any Persons Shows Symptoms of COVID-19 while in the Child Care Centre**

Staff/home child care providers, parents and guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.

A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, home child care provider or child must be considered a confirmed COVID-19 outbreak, in

consultation with the local public health unit. Outbreaks should be declared in collaboration between the program and the local public health unit to ensure an outbreak number is provided.

Staff, home child care providers, parents/guardians, and children who are symptomatic or have been advised to self-isolate by the local public health unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of public health

Symptoms to look for include but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell. The most up-to-date list of signs and symptoms of COVID can be found in the Ministry of Health's [COVID-19 Reference Document for Symptoms](#) document.

Children in particular should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.

If a child, child care centre staff, student, home child care provider and those ordinarily resident/regularly at the home child care premises becomes symptomatic while in the program, they should be isolated in a separate room and family members contacted for pick-up.

1. Isolate the person immediately in a designated supervised area or space at least 2 meters away from others until they can go home. Anyone who is providing care to the child should maintain a distance of 2- metres. The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette and proper disposal of tissues. At minimum, the childcare worker should wear a surgical / procedure mask and eye protection. A call for that child to be picked up from the Protocol For If Any Persons Showing Symptoms of COVID-19 While in the Centre should be made immediately. If tolerated and above the age of 2, the child should wear a surgical / procedure mask and eye protection. The staff and child shall not interact with others. The childcare staff / provider should also avoid contact with the child's respiratory secretions.

**Siblings of the sick child are also to be picked up and excluded from the childcare centre. Staff who have been in close contact with a sick child should self-monitor for symptoms for the next 14 days. They should be advised to avoid being in contact**

with vulnerable persons or centres where there are vulnerable persons. If the child is a confirmed case, the staff member should also self-isolate and seek assessment and testing.

Other children, including siblings of the symptomatic child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and grouped together. The local public health unit will provide any further direction on testing and isolation of these close contacts.

2. Direct individual / parent /guardian of child, to contact the Porcupine Health Unit COVID-19 Information line in their respective community for next steps and recommendations. *The phone number is 705-267-1181 / 1-800-461-1818 ext. 2919.*
3. Contact the Porcupine Health Unit Inspection team. Follow through on all steps told by the Porcupine Health Unit.
4. Communicate with staff, parents/ guardians of children in the same cohort of the possible exposure and of next steps from the Porcupine Health Unit if advised from the Porcupine Health Unit.
5. Submit a Serious Occurrence Report as required.
6. Children and or staff that have been exposed to a confirmed case of COVID-19 or symptomatic person(s), will be excluded from the childcare centre for 14 days. ·  
NOTE: Staff/children with symptoms, who have not been tested for COVID-19, must be excluded from childcare for 14 days after the onset of symptoms.
7. If confirmed positive, contact CDSSAB, Director of Children’s Services, immediately.

### **Protocol for Child Care Centres if they Become Aware of Any Suspected and / or Confirmed cases of COVID-19**

Reporting requirements for any **suspected and/or confirmed cases** of COVID-19.

Please follow the direction outlined below for any suspected and/or confirmed cases of COVID-19 for the following individuals:

- a child enrolled at the child care centre
- a child enrolled at a home child care premises (agency enrolled and/or privately placed)
- a parent/guardian of a child enrolled at a Child Care Centre or Home Child Care premises

- a staff of the licensee currently working at the child care centre
- a home child care provider and/or anyone ordinarily resident and/or regularly present where children are receiving Child Care

Staff/children who are being managed by the Porcupine Health Unit (e.g. confirmed cases of COVID-19, household contacts of cases) should follow instructions from public health to determine when to return to the facility.

When you become aware of any **suspected and/or confirmed** cases of COVID-19 for any of the above individuals, please **immediately** follow the direction below:

- Direct the individual to contact the Porcupine Health Unit COVID-19 Information line in their respective community for next steps and recommendations. The phone number is *705-267-1181 / 1-800-461-1818 ext 2919*
  - Asymptomatic contacts of a confirmed case should seek out assessment and testing at an Assessment Centre as soon as possible after identification of the case.
  - If they test negative and the contact becomes symptomatic, they should be re-tested.

If the result is negative, asymptomatic contacts of a confirmed case **MUST** remain in self-isolation for 14 days from their last exposure to the case.

- Notify the local **Public Health** unit immediately and follow **all** direction they provide, as stated above;
- Notify your CDSSAB Director of Children’s Services;
- Follow the regular **Serious Occurrence** (SO) reporting requirements (including submitting a SO report in CCLS and posting the SO notification form)
- If your centre is in a shared setting, (for example in a school), follow public health advice on notifying others using the space of the suspected illness.

### **Testing for COVID-19**

Symptomatic staff and children should be referred for testing. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of outbreak management.

**Testing of asymptomatic persons should only be performed as per provincial testing guidance.**

Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting.

A list of symptoms, including atypical signs and symptoms, can also be found in the COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.

- Those who test negative for COVID-19 must be excluded until 24 hours after symptom resolution.
- Those who test positive for COVID-19 must be excluded from childcare centres for 14 days after the onset of symptoms and / or clearance has been received from the local public health.

Child care centres must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with the local public health unit. Outbreaks should be declared in collaboration between the centre and the local public health unit to ensure an outbreak number is provided.

Childcare centres are to notify the Porcupine Health Unit if there are two or more symptomatic individuals within 48 hours. A suspect outbreak may be declared, in consultation with the health unit, after a risk assessment is completed.

Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and grouped together until laboratory tests, if any, have been completed or until directed by the local public health unit.

Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of the local public health unit.

Staff members awaiting test results, who are asymptomatic, may continue to work unless there is reason to believe they would be considered a case (eg. Potential exposure to an ill or positive case or household contact). Staff should also monitor for symptoms while waiting for test results; if they become symptomatic, they should be excluded from work. Testing of asymptomatic persons should only be performed as directed by the local public health unit as part of case/contact and outbreak management.

A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website.



[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_refer ence\\_doc\\_symptoms.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_refer ence_doc_symptoms.pdf)

**Common symptoms of COVID-19 include:**

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

**Other symptoms of COVID-19 can include:**

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.

**Other clinical features of COVID-19 can include:**

- Clinical or radiological evidence of pneumonia

**Atypical signs and symptoms of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability.**

**Atypical symptoms and clinical features can include:**

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches

**Shared Setting**

Where a child, staff or home child care provider is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence. When a person becomes sick the home child care agency will report to public health, the ministry, and where public health advises, families.

**Before and After School Program:**

If the child care program is located in a shared setting (for example in a school), follow public health advice on notifying others using the space of the suspected illness.

If your centre is located in a school, the designated Early Years Lead for each School Board and the Principal of the school must be informed of each serious occurrence including those that are COVID-19 related. In the case that a centre is informed of a confirmed positive COVID-19 case, the Early Years Lead must be informed immediately. Please contact your School Board for clarification of whom the designated person is.

## **Serious Occurrence Reporting**

Where a child, parent, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident at/regularly present at a home child care premises is suspected (i.e. has one or more symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.

Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless the local public health unit advises otherwise.

## **Screening**

All individuals including children attending child care, staff, students and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting. Child care including before and after school programs are required to have a record of daily health screens.

Home child care providers and residents must also be screened each day before receiving children into care.

Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting.

### **Before and After School Program:**

If students are screened at the school/program location, screeners should take appropriate precautions when screening and escorting students to the program, including maintaining a distance of at least 2 metres (6 feet) from those being screened,

or being separated by a physical barrier (such as a plexiglass barrier). If a 2 metre distance or a physical barrier is not available, PPE (i.e., medical mask and eye protection (i.e., face shield)) should be worn.

Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit.

## **Infection Control**

### ***Staff Protocol***

Staff who have met one of the screening criteria must contact their Manager prior to reporting to work by phone. The staff will not be permitted to attend work for 14 days after and they must self-isolate and report themselves to the Porcupine Health Unit immediately. Daily screening must be logged and kept by the service provider. Service Providers will be provided screening tools by the CDSSAB Children's Services administration, if you choose to use another method of to record screening you must ensure that all screening questions in the CDSSAB tool are used. Electronic screening tools are acceptable.

### **Staff Screening Criteria:**

- Staff member has travelled outside of Canada and has returned in the past 14 days or;
- Staff member has had close contact without proper Personal Protective Equipment (PPE) with a confirmed or a probable case of COVID-19
- Staff member has had close contact, without appropriate PPE with a person with acute respiratory illness who has travelled outside of Canada and returned in the past 14 days.
- Staff member has experienced any influenza like symptoms
- Staff member has a new or worsened cough or difficulty breathing
- Staff member has a fever

Information on self-monitoring can be found on [Public Health Ontario's website](#)

### **Symptomatic of COVID-19**

1. Staff members must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.

2. Child Care Supervisor or designated alternate to the Supervisor if the Supervisor is the ill staff member must contact Porcupine Health Unit to report the suspected case.
3. Consult with the Porcupine Health Unit to determine next steps and return of staff member.

### **Infection Control for Incoming Children**

Where possible, daily screening should be done electronically (e.g., via online form, survey, or e-mail) prior to arrival at the child care setting.

Parents and guardians should be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.

If children are screened at the childcare setting, screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as a plexi-glass barrier) and wearing personal protective equipment (PPE) (i.e. cloth / surgical / procedure mask; gown; gloves; eye protections (goggles or face shield)). If hand sanitizer is used in between each screening, gloves are not needed. If gloves are used, they must be changed after every time there has been contact.

1. Two staff members will be available for arrival and departure of children. No parent / guardian will enter the building. Staff members will ask screening questions to the parent /guardian. Screening questions are:
  - a) Have you or your child travelled outside of Canada during the last 14 days?
  - b) Have you or your child had close contact without appropriate Personal Protective Equipment (PPE) with a confirmed or probable case of COVID-19?
  - c) Have you or your child had close contact without appropriate PPE with a person with an acute respiratory illness who has not been in self-isolation in the last 14 days?

- d) Have you or your child experienced any influenza like symptoms such as vomiting or diarrhea?
- e) Have you or your child have a new or worsened cough, a sore throat, difficulty swallowing, new olfactory or taste disorder, or shortness of breathing?
- f) Have you or your child had a fever or temperature equal to or greater than 37.8 degrees Celsius? Temperature will be taken by staff member before parent can leave. See number 2 for further instructions.

Daily screening must be logged and kept by the service provider. Service Providers will be provided screening tools by the CDSSAB Children's Services administration. However, if the provider chooses to use their own tool, the screening questions above must be included. Electronic versions are acceptable.

2. Once the parent / guardian **has completed the online screening questions**, staff will greet the child. As you greet the children each morning, take time to observe their general health. Try to ensure that they are well enough to participate fully in your program and that they are not infectious to other children. No child that is ill will be permitted to stay. Once the staff member has done this check and the child / children are able to stay, staff will indicate to the parent / guardian that they may leave.
3. Practice sound sanitary practices on a daily basis, as they are the best insurance against serious outbreaks in the childcare Centre. Follow Public Health Ontario Coronavirus Disease 2019 (COVID-19) Cleaning and Disinfection for Public Settings document. See attached document.

**Where an individual does not pass the screening and is not permitted to attend the program, this does not need to be reported to the local public health unit. If a child develops symptoms while at the program, the Porcupine Health Unit must be notified.**

**Requirement:**

Ensure that your daily log is completed daily outlining:

- a) Arrival/Departure times
- b) General health of children upon arrival
- c) Meals and snacks

- d) Activities
- e) Incidents
- f) Abnormal behaviors
- g) Other

Record all incidents/accidents affecting the health, safety or well-being of the children enrolled. Provide a copy to parents. Records kept for 7 years.

Sanitary practices are followed according to the written information provided.

### **Child Departure From Centre**

Parent / guardian will notify the centre that he / she will be arriving at the centre at a certain time. Once the staff member confirms the parent / guardian arrival, staff will go to the child's /children's assigned room, collect their belongings and the child. Parent / guardian will wait for the parent outside of the building at the door. Please note that staff members will be requiring a government photo ID of each parent / guardian that they do not know. They will need to present the ID at the centre door window.

Additionally, child care operators must create a drop off and pick up plan for each physical site with considerations in the Operational Guidance During COVID-19 Outbreak Child Care Re-opening section Drop-Off and Pick-up Procedures, page 16.

### **Attendance Records**

All child care licensees are responsible for maintaining daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing support for children with special needs, those delivering food).

Records are to be kept on the premises (centre or home).

Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

**Screening records are to be kept on the premises (centre or home).**

## Visitors

There will be no-essential visitors at the program. Students completing post-secondary educational placements will be permitted to enter child care settings and should only attend one child care setting and be assigned to one group of children. Students will also be subject to the same health and safety protocols as other staff members such as screening, and the use of PPE when on the child care premises, and must also review the health and safety protocols.

The provision of special needs services may continue but they will be required to follow the replacement staff protocols. Child Care providers and special needs services should attempt the use of video and telephone conferences to interact with each other and with families as much as possible. Where SNR services are provided through external staff/service providers, licensees and home child care providers should inform all families of this fact, and record attendance for contact tracing purposes. All SNR staff must be screened before entering the child care setting, as per the screening protocol.

Child Care providers must ensure that there are no volunteers or secondary school placement students at the program. Please note that child care providers are still mandated to keep a Visitor Log book that the provider must log the time in and time out of each visitor. The electronic Daily Health Screen tool provided by CDSSAB does include all other information required to obtain for visitors to enter the building. For those that are not using the CDSSAB electronic tool, your purchased version must be able to obtain a record of the name of each person entering, the person's contact information and time in and out of the centre.

Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency and premises at any reasonable time.

When any Porcupine Health Unit Inspector attends your centre, provide a copy of the Inspection Report to the CDSSAB within 72 hours. Send to Cathy Courville, Program Manager Child Care Quality Assurance; [CourvilC@cdssab.on.ca](mailto:CourvilC@cdssab.on.ca)

## Staff Training

As part of the Ministry of Education's Child Care Re-Opening Guidelines, the CDSSAB must ensure that training is provided to all child care staff / providers on health and safety measures prior to re-opening.

Public Health Ontario have developed videos to assist with understanding our role in stopping the spread of COVID-19 in our community. Links to videos are provided below and all child care staff / providers must complete the training prior to reopening. **New training is not required with each iteration of this guidance but should be offered in a way that includes child care staff/providers at least once, whether they have re-opened through the summer or later into the fall. Sign off documents will be provided by the CDSSAB.**

7 Steps of Hand Hygiene

<https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>

Putting on gloves <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>

Putting on Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>

Taking off Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

Taking of a Gown and Gloves

<https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>

Putting on Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Taking off Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

Note: Other training opportunities may arise and will be mandated upon need.

### **Communication with Families**

**Where possible, the use of in-person communication should be limited.**

Child Care operators and home child care operators must:

- Inform families of enhanced health & safety measures and any new policies created for the re-opening and provide them a copy.



- Licensees must share with parents, the policies and procedures regarding health and safety protocols to COVID-19, including requirements and exceptions related to masks.
- Update the child care centre / home child care centre priority / waitlist policy to account for limited capacity when re-opening.

Given the strict health and safety measures in place and the advice of local public health units, some child care licensees/providers may continue to operate at reduced capacity for a period of time.

The CDSSAB recommends that home child care agencies and child care providers consider the following priority order:

- Returning children served through emergency child care to their original placement and continuity of service for these families;
- Care for families where parents must return to work and that work outside of the home;
- Families with special circumstances that would benefit from children returning to care, such as children with special needs; and
- Other local circumstances.

Do consider that some families they used to serve may no longer require care, or require a different level of care (i.e., part time child care).

Assessing demand for care for our regular clients prior to re-opening, for example via conducting a survey, is recommended.

The CDSSAB will keep a list of families whom were participating in Emergency Child Care that are interested in a temporary spot during the months of July and August. Child Care providers may request a need to fill vacant spots on a temporary basis if they have exhausted their regular clients and have new vacant spots.

### **Parent Fees**

In an effort to stabilize parent fees when re-opening, the ministry encourages child care operators to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.

Where a child who was receiving care in a child care centre immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement.

- If the placement is accepted, child care operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.
- If the placement is declined, child care operators may offer the placement to another child. Unless the parent declines the placement, the placement must remain available for the full 14-day period;
- Unless the parent accepts the placement, no fee or deposit can be charged or collected in respect of the placement during the 14-day period; and, • Parents must not be penalized for using the full 14-day period to decide whether to accept or decline the placement.
- operators continue to be prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces;
- Per the operational guidance first released in mid-June, for children who received child care at a home child care premises immediately before the closure, licensed home child care providers are still required to give parents 30 days to indicate whether they want to keep their space. After the 30 days, payments would be required to secure the space, whether the child attends or not.

## Fee Subsidy Eligibility and Assessment

The CDSSAB will continue to offer fee subsidy to those families who are eligible and have a spot with a licensed child care provider / home child care provider that has a fee subsidy agreement with the CDSSAB. The fee subsidy budget for 2020 did not include plans for families choosing not to send their school aged child to school. The CDSSAB will not be approving full day care fee subsidy for children eligible for school unless a professional developmental day, school break or holiday. You must be licensed and approved to offer these types of services. Individual centres will require policies and procedures for children who are eligible for school that are full fee paying parents / guardians. You should notify your Program Advisor for recommendations if you are permitting this option.

***Please note that this is a living document and will be updated when required. For questions or concerns about this document, please contact CDSSAB Program Manager Child Care Quality Assurance, Cathy Courville, 705-268-7722 ext. 240 [CourvilC@cdssab.on.ca](mailto:CourvilC@cdssab.on.ca)***